

**APPLICATION TO DIVIDE LAND
CHARTER TOWNSHIP OF CLINTON**

PARENT PARCEL #'S: 50-011-

SIDWELL #: 16-11-

50-011-

16-11

50-011-

16-11

**APPLICATION & ALL APPLICABLE SUPPORTING DATA MUST BE SUBMITTED
AS A PACKAGE TO THE DEPARTMENT OF ASSESSING BEFORE PROCESSING.**

1. Application to Divide Land completed, signed by ALL current owners of the property.

2. Application Fee-Checks payable to **CLINTON TOWNSHIP TREASURER:**

FEE = \$

3. ***A Certified Survey*** to include the following:

- ~parcel map for each proposed new parcel with dimensions & area, and
location of all existing structures, side and rear yard set-back dimensions*
- ~location of all existing & proposed easements*
- ~legal description for each proposed new parcel AND any easements*
- ~road accessibility for each proposed new parcel*
- ~location of septic field - if applicable*
- ~floodway - if applicable*
- ~public utility easements to each proposed parcel*

*****ALL EASEMENTS MUST BE RECORDED DOCUMENTS*****

4. A copy of the Deed showing ownership to the property prior to the division.

5. Property Taxes must be current - No Delinquencies - (Assessing Department will contact Macomb County Treasurer).

**APPLICANT TO SUBMIT SURVEYS (VIA FAX) TO UTILITY COMPANIES,
AND OBTAIN APPROVAL LETTERS TO SUBMIT WITH APPLICATION.**

6. **UTILITY APPROVALS:**

Approval or permit from Macomb County Road Commission (or MDOT if a state highway) pertaining to any proposed driveway(s) or easement(s) that will enter the public road - must meet local standards.

CONTACT: MACOMB COUNTY ROAD COMMISSION

ATTENTION: Gary Bowman

156 Malow St.

P.O. Box 2347

Mt. Clemens, MI 48046

PHONE: 586-463-8671 or 586-463-4266

FAX: 586-463-8676

Approval letter from Detroit Edison regarding availability of service to proposed parcels.

CONTACT: DETROIT EDISON

ATTENTION: Ann Smithmeir

43230 Elizabeth Rd.

Clinton Township, MI 48036

PHONE: 586-783-2057

FAX: 586-783-2001

Approval letter from Consumers Energy regarding availability of service to proposed parcels.

CONTACT: CONSUMERS ENERGY

ATTENTION: Sid Long

FAX: 517-543-8827

- _____ 7. If water and/or sewer is not available to parcel, you must provide an approval letter or permit from Macomb County Health Department pertaining to water well and/or septic system in order to receive building permits.

CONTACT: MACOMB COUNTY HEALTH DEPARTMENT
ATTENTION: Laura Pobanz, Supervisor
Environmental Health Services
43525 Elizabeth Rd.
Mt. Clemens, MI 48043
PHONE: 586-469-5236
FAX: 586-469-5885

- _____ 8. Homestead Exemption Affidavit & Rescind (if applicable).
- _____ 9. Compliance with the parcel depth to width ratio requirements of the local ordinance with an exception for the parcel retained by the proprietor. A 4-1 ratio for parcels under 10 acres applies unless otherwise provided for an applicable Zoning Ordinance.
- _____ 10. Compliance with the parcel width and area requirements of the local ordinance.
- _____ 11. Deed and Property Transfer Affidavit indicating ownership to each "new" parcel if conveyed by the original owner(s).
- _____ 12. Form L-4260a Notice to Assessor of Transfer of the Right To Make A Division of Land.

**PRELIMINARY APPROVAL WILL NOT BE GRANTED UNTIL
ALL OF THE APPLICABLE REQUIREMENTS ARE MET.**

APPROVAL REQUESTS SENT TO UTILITY COMPANIES:

	<u>Date Sent</u>	<u>Date Received</u>
Detroit Edison	_____	_____
Consumers Energy	_____	_____
MCRC	_____	_____

PROCESSING

This Application, along with all supporting documents, is to be submitted to the Department of Assessing. Once the Application is considered to be complete by the Assessing Department, a review period **not to exceed 45 days** as permitted in Act 87 of Public Acts of 1997, will commence. All approvals must be obtained by December 1st of the current year to be processed for the next available assessment cycle. If an Application is denied, the reason for denial shall be written on the Application.

Required fee for processing will be determined by the Township Assessing Department/Fee Ordinance.

Approval of a Division is not a determination that the resulting parcels comply with other ordinances or regulations.

APPEAL

Upon written notice of denial, the applicant may appeal to the Township Board of Trustees.

NOTE: *Applicant is advised that this property may be subject to debt service fees, payable upon application for tap permits. Applicant must check with the Water & Sewer Department for amounts of debt fee, if any.*

A PARCEL RESULTING FROM A DIVISION OF LESS THAN 1 ACRE IN SIZE, THE CHARTER TOWNSHIP OF CLINTON IS NOT LIABLE IF A BUILDING PERMIT IS NOT ISSUED FOR THE PARCEL DUE TO REASONS SET FORTH IN SECTION 109a OF PA 87 OF 1997.

ANY SALE OF LAND SUBDIVIDED OR OTHERWISE PARTITIONED OR SPLIT IN VIOLATION OF THE LAND DIVISION ACT IS VOIDABLE AT THE OPTION OF THE PURCHASER, AND SHALL SUBJECT THE SELLER TO THE FORFEITURE OF ALL CONSIDERATION RECEIVED OR PLEDGED THEREFORE, TOGETHER WITH ANY DAMAGES SUSTAINED BY THE PURCHASER, RECOVERABLE IN AN ACTION AT LAW.

~AFFIDAVIT~

Applicant is aware that **FINAL APPROVAL** of this Application is based upon the accuracy of legal descriptions and survey sketches. Failure to correct any inaccuracies within 30 days of preliminary approval will cause this application to become void. The municipality or county approving a proposed division resulting in a parcel less than one acre in size and its officers and employees are not liable if a permit is not issued for the parcel due to water and sewer requirements. Approval of a division is not a determination that the resulting parcels comply with other ordinances or regulations.

Petitioner/Representative Signature:

Date:

DIVISION
FOR TAX YEAR 20

Owners of Record
(All owners must authorize combine)

Authorization Signatures:

Petitioner/Representative: _____

Mailing Address: _____ Phone No.: _____
_____ Date: _____

PROPOSED DIVISION DESCRIPTION

~RECEIPT BY TOWNSHIP~

DATE: _____ TIME: _____ RECEIVED BY: _____

This Land Division, upon final approval, will become effective for the 20 Assessment and Tax Roll.

PARENT/CURRENT PARCEL INFORMATION

Property Class: _____ Homestead _____ % School District: _____

Subdivision/Section or PC: _____ Lot No./Ac. Amt.: _____

Neighborhood: _____ C.T.I.D. No.: 50-011-_____

SIDWELL No.: 16-11-_____ Improved: _____ or Vacant: _____ Zoning: _____

Property Address: _____

Clinton Township, MI 48 _____

Owner of Record: _____

Mailing Address: _____

Zip: _____

Street Lights: NO _____ YES _____ District No.: _____

Total Number of unallocated Division Rights for this parent parcel: _____

Are any Division Rights being transferred to new parcels? _____ YES _____ NO

If yes, how many Division Rights are being transferred? _____

		<i>YES</i>	<i>NO</i>
Available Utilities:	Water	_____	_____
	Sanitary Sewer	_____	_____
	Storm Sewer	_____	_____
	Septic	_____	_____
	Well	_____	_____

NOTE: **FOR PARCELS LESS THAN ONE ACRE IN SIZE~** If you answered 'No' to availability of Water or Sanitary Sewer, you must have approval from the Macomb County Health Department for on-site water and sewage systems. If not, PA 87 of 1997 prohibits the issuance of building permits.

ONE PARENT PARCEL PER PAGE

PARENT/CURRENT PARCEL INFORMATION

Property Class: _____ Homestead _____ % School District: _____
Subdivision/Section or PC: _____ Lot No./Ac. Amt.: _____
Neighborhood: _____ C.T.I.D. No.: 50-011-_____
SIDWELL No.: 16-11-_____ Improved: _____ or Vacant: _____ Zoning: _____
Property Address: _____
Clinton Township, MI 48_____

Owner of Record: _____

Mailing Address: _____
_____ Zip: _____

Street Lights: NO _____ YES _____ District No.: _____

Total Number of unallocated Division Rights for this parent parcel: _____

Are any Division Rights being transferred to new parcels? _____ YES _____ NO
If yes, how many Division Rights are being transferred? _____

	<i>YES</i>	<i>NO</i>
Available Utilities:		
Water	_____	_____
Sanitary Sewer	_____	_____
Storm Sewer	_____	_____
Septic	_____	_____
Well	_____	_____

NOTE: **FOR PARCELS LESS THAN ONE ACRE IN SIZE~** If you answered 'No' to availability of Water or Sanitary Sewer, you must have approval from the Macomb County Health Department for on-site water and sewage systems. If not, PA 87 of 1997 prohibits the issuance of building permits.

ONE PARENT PARCEL PER PAGE

CHILD PARCEL #: _____

NEW SIDWELL NO.: 16-11-_____

NEW C.T.I.D. NO.: 50-011-_____ LOT # / ACREAGE AMT.: _____

OWNER or BUSINESS NAME: _____

PROPERTY ADDRESS: _____

Clinton Township, MI 480_____

OWNER/TAXPAYER NAME: _____

OWNER/TAXPAYER ADDRESS: _____

~ STOP - DEPARTMENTAL USE ONLY ~

SEND NOTICES TO: OWNER: _____
TAXPAYER: _____
BOTH: _____

PROPERTY CLASS: _____ SCHOOL DISTRICT: _____
NEIGHBORHOOD: _____ ZONING: _____

SALE INFORMATION: DEED: _____ AMT: _____ DATE: _____ TRANSFER: _____
PTA: _____ AMT: _____ DATE: _____

STREET LIGHTS: NO: _____ YES: _____ DISTRICT: _____

SPECIAL ASSMTS: NO: _____ YES: _____ TYPE & CODE: _____

HOMESTEAD: _____ % VACANT OR IMPROVED: _____

LAND SQ. FT. or LOT DIMENSIONS: _____
ADJUSTMENTS: _____

COPY DATA FROM PARCEL #: 16-11-_____

ALLOCATED TV: _____
ALLOCATED SEV: _____

NOTES: _____

CHILD PARCEL #: _____

NEW SIDWELL NO.: 16-11- _____

NEW C.T.I.D. NO.: 50-011- _____ LOT # / ACREAGE AMT.: _____

OWNER or BUSINESS NAME: _____

PROPERTY ADDRESS: _____
Clinton Township, MI 480 _____

OWNER/TAXPAYER NAME: _____

OWNER/TAXPAYER ADDRESS: _____

~ STOP DEPARTMENTAL USE ONLY ~

SEND NOTICES TO: OWNER: _____
TAXPAYER: _____
BOTH: _____

PROPERTY CLASS: _____ SCHOOL DISTRICT: _____
NEIGHBORHOOD: _____ ZONING: _____

SALE INFORMATION: DEED: _____ AMT: _____ DATE: _____ TRANSFER: _____
PTA: _____ AMT: _____ DATE: _____

STREET LIGHTS: NO: _____ YES: _____ DISTRICT: _____

SPECIAL ASSMTS: NO: _____ YES: _____ TYPE & CODE: _____

HOMESTEAD: _____ % VACANT OR IMPROVED: _____

LAND SQ. FT. or LOT DIMENSIONS: _____
ADJUSTMENTS: _____

COPY DATA FROM PARCEL # 16-11- _____

ALLOCATED TV: _____
ALLOCATED SEV: _____

NOTES: _____

Assessing Department: _____
Delinquent Taxes Due: YES: _____ NO: _____ AMT: _____
Comments: _____

Approved: _____
Denied: _____
Date: _____

Building Department: _____
Comments: _____

Approved: _____
Denied: _____
Date: _____

Planning Department: _____
Comments: _____

Approved: _____
Denied: _____
Date: _____

Treasurer's Department: _____
Special Assessment: YES: _____ NO: _____
District No.: _____ & AMT: _____
Comments: _____

Approved: _____
Denied: _____
Date: _____

Water & Sewer Dept.: _____
Comments: _____

Approved: _____
Denied: _____
Date: _____

Township Engineer: _____
Comments: _____

Approved: _____
Denied: _____
Date: _____

~APPROVAL STATUS~

APPROVED: Preliminary Approval: _____ Final Approval: _____

CONTINGENCIES: _____

DENIED: _____ REASON: _____

COPY SENT TO APPLICANT FOR: _____

Preliminary Approval: _____ Final Approval: _____
Date *Date*

INFO SENT TO BUILDING DEPARTMENT: _____

INFO SENT TO FIRE DEPARTMENT: _____

Date

Date

INFO SENT TO WATER DEPARTMENT: _____

Date